

CLAIMS ONLY							Application Number <b>10/687183</b>		Filing Date		
							Applicant(s)				
<b>11-15-05</b>							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		<b>11-15-05</b>				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1			/				51				
2				/			52		/		
3				/			53				
4				/			54				
5				/			55				
6				/			56				
7				/			57				
8				/			58				
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11				/			61				
12				/			62				
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15				/			65				
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42				/			92				
43				/			93				
44				/			94				
45			/				95				
46				/			96				
47				/			97				
48				/			98				
49				/			99				
50				/			100				
Total Indep			4				Total Indep				
Total Depend			48				Total Depend				
Total Claims			52				Total Claims				